## BEST AVAILABLE COPY

D/046697

Application or Docket Number

| PATENT | <b>APPLI</b> | CATI | ON | FEE | DE, | rern | NOITANIN | RECORD |
|--------|--------------|------|----|-----|-----|------|----------|--------|
|        |              |      |    |     |     |      |          | *      |

Effective October 1, 2001

10046697.

| CLAIMS AS FILED - PART I  |             |   |              |                      |                                 | SMALL ENTITY     |                     |   | OTHER THAN             |                     |                     |                        |
|---|-------------|---|--------------|----------------------|---------------------------------|------------------|---------------------|---|------------------------|---------------------|---------------------|------------------------|
|   |             | (Column 1)                                |              | (Column 2)           |                                 | 1                | TYPE                |   | OR.                    | SMALL               | NTITY               |                        |
| TOTAL CLAIMS  |             |   | 18           |                      |                                 |                  |                     | RATE                                    | FEE                    |                     | RATE                | FEE                    |
| FOR   |             |   | NUMBER FILED |                      | NUMBER EXTRA                    |                  |                     | BASIC FEE                               | 370.00                 | OR                  | BASIC FEE           | 740.00                 |
| TOTAL CHARGEABLE CLAIMS /   |             |   | / min        | / minus 20=          |                                 | * A              |                     | X\$ 9=                                  |                        | OR                  | X\$18=              |                        |
| INDEPENDENT CLAIMS  |             |   | 2 mir        |                      |                                 | • 4              |                     | X42=                                    |                        | OR                  | X84=                |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT  |             |   |              |                      |                                 |                  |                     | +140=                                   |                        | OR                  | +280=               |                        |
| * If the difference in column 1 is less than zero, enter  |             |   |              |                      | r "0" in column 2               |                  |                     | TOTAL                                   |                        | OR                  | TOTAL               | 740                    |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)  |             |   |              |                      |                                 |                  | SMALL E             | NTITY                                   | OR                     | OTHER<br>SMALL      |                     |                        |
| AMENDMENT A   |             | CLAIMS REMAINING AFTER AMENDMENT          |              | HIGH<br>NUM<br>PREVI |                                 | PRESENT<br>EXTRA |                     | RATE                                    | ADDI-<br>TIONAL<br>FEE |                     | RATE                | ADDI-<br>TIONAL<br>FEE |
| DME   | Total       | . 13                                      | Minus        | *                    | 20                              | <b>=</b>         |                     | X\$ 9=                                  |                        | OR                  | X\$18=              |                        |
| ME  | Independent | · Q                                       | Minus        | ***                  | 3                               |                  |                     | X42=                                    |                        | OR                  | X84=                |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |             |   |              |                      |                                 |                  | ]                   | +140=.                                  |                        | OR                  | +280=               |                        |
|   |             |   |              |                      |                                 |                  | TOTAL<br>ADDIT, FEE |   | OR                     | TOTAL<br>ADDIT, FEE |                     |                        |
|   |             | (Column 1)                                |              | (Colu                | ımn 2)                          | (Column 3        | )                   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                        |                     |                     |                        |
| NT B  |             | CLAIMS REMAINING AFTER AMENDMENT          |              | HIG<br>NUM<br>PREV   | HEST<br>MBER<br>IOUSLY<br>D FOR | PRESENT<br>EXTRA |                     | RATE                                    | ADDI-<br>TIONAL<br>FEE |                     | RATE                | ADDI-<br>TIONAL<br>FEE |
| DAME  | Total       | *   | Minus        | **                   |                                 | =                | ]                   | X\$ 9=                                  |                        | OR                  | X\$18=              |                        |
| AMENDMENT   | Independent | *   | Minus        | ***                  |                                 | =                | 4                   | X42=                                    |                        | OR                  | X84=                |                        |
| L   | FIRST PRESE | NTATION OF M                              |              |                      |                                 |                  | J                   | +140=                                   |                        | OR                  | +280=               |                        |
|   |             | BES                                       | T AVAI       | LABL                 | E CC                            | )PY              |                     | YOTAL<br>ADDIT. FEE                     |                        | OR                  | TOTAL<br>ADDIT, FEE |                        |
| (Column 1) (Column 2) (Column 3)  |             |   |              |                      |                                 |                  |                     |   |                        |                     |                     |                        |
| AMENDMENT C   |             | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | NUI<br>PREV          | HEST<br>MBER<br>NOUSLY<br>D FOR | PRESENT<br>EXTRA |                     | RATE                                    | ADDI-<br>TIONAL<br>FEE |                     | RATE                | ADDI-<br>TIONAL<br>FEE |
| DME   | Total       | *   | Minus        | **                   |                                 | 8                |                     | X\$ 9=                                  |                        | OR                  | X\$18=              |                        |
| ME  | independent | ٠   | Minus        | ***                  |                                 | s                | 4                   | X42=                                    |                        | OR                  | X84=                |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |             |   |              |                      |                                 |                  |                     | +140=                                   |                        | OR                  | +280=               |                        |
| t 15 the caster is column 1 is less than the entry in column 2, write "0" in column 3.  |             |   |              |                      |                                 |                  |                     | TOTAL                                   |                        | OR                  | TOTAL               |                        |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |             |   |              |                      |                                 |                  |                     |   |                        |                     |                     |                        |